

**ARIZONA FORM
120S**

Arizona Income Tax Return for an S Corporation 1995

For taxable year beginning _____, 19____, and ending _____, 19____.

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE Original <input type="checkbox"/> Amended <input type="checkbox"/>	
CHECK ONE Calendar year <input type="checkbox"/> Fiscal year <input type="checkbox"/>	
Federal employer ID number	

Business telephone number ()	Use label. Otherwise please print or type.	Name	
Business activity code number (from your federal Form 1120S)		Number and street	AZ withholding tax number
		City or town, state and ZIP code	AZ transaction privilege tax number

Check box if: ☐ This is a first return ☐ Name change ☐ Address change

For DOR use only

Information

A Is this the corporation's final Arizona return? ☐ Yes ☐ No
 If yes, check one: Dissolved ☐ Withdrawn ☐ Merge/Reorg ☐
 Federal I.D. no. of the successor corporation

B Business conducted within and without the State of Arizona? ☐ Yes ☐ No

C Is a composite return being filed? ☐ Yes ☐ No

D Total number of nonresident shareholders

E Total number of resident shareholders

88

81

66

Distributive Income	1 Total distributive income (loss) - From Schedule K, federal Form 1120S	1	
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COMPLETE LINES 2-13 ONLY IF THE S CORPORATION HAS EXCESS NET PASSIVE INCOME OR CAPITAL GAINS/BUILT-IN GAINS. AN S CORPORATION THAT IS NOT REQUIRED TO COMPLETE LINES 2-13 MUST COMPLETE LINES 14-32 IF THE S CORPORATION HAS A TAX LIABILITY FROM THE RECAPTURE OF TAX CREDITS.

Income Subject to Federal and Arizona Corporate Income Taxes	2 Excess net passive income	2							
	3 Capital gains/built-in gains	3							
	4 Total federal income subject to corporate income tax - add lines 2 and 3	4							
	WHOLLY ARIZONA S CORPORATIONS GO TO LINE 11, MULTISTATE S CORPORATIONS GO TO LINE 5.								
	5 Nonapportionable or allocable income - attach schedule	5							
	6 Apportionable income - subtract line 5 from line 4	6							
	7 Arizona apportionment ratio - see Schedule C instructions	7		.					
	8 Income apportioned to Arizona - line 6 multiplied by line 7	8							
	9 Other income allocated to Arizona - attach schedule	9							
	10 Total income attributable to Arizona - add lines 8 and 9	10							
	11 Arizona income before taxes - from line 4 or line 10	11							
	12 Arizona income tax - see Schedule B instructions and check box	12							
	13 Net income subject to Arizona corporate income tax - subtract line 12 from line 11	13							
Tax and Credits	14 Enter tax - see instructions before completing this line	14							
	15 Tax from recapture of credits - from Arizona Form 300, Part II	15							
	16 Subtotal - add lines 14 and 15	16							
	17 Tax credits - from Arizona Form 300, Part II	17							
	18 Credit type - enter form number for each credit claimed	18	3		3		3		
	19 Subtotal - subtract line 17 from line 16	19							
	20 Correctional industries recapture tax - from Arizona Form 300, Part II	20							
	21 Tax liability - add lines 19 and 20	21							
Payments	22 Tax paid when filing Arizona Form 120 EXT - attach copy	22							
	23 Estimated tax payments made with Arizona Form 120ES	23							
	24 Total payments - see instructions	24							
Refund or Tax Due	25 Balance of tax due - If line 21 is larger than line 24, enter balance of tax due. Skip line 26	25							
	26 Overpayment of tax - If line 24 is larger than line 21, enter overpayment of tax	26							
	27 Penalty and interest	27							
	28 Estimated tax underpayment penalty and interest. If Form 220 is attached, check box	28							
	29 TOTAL DUE - payment must accompany return	29							
	30 OVERPAYMENT	30							
	31 Amount of line 30 to be applied to your 1996 estimated tax	31							
	32 Amount to be refunded - subtract line 31 from line 30	32							

Ext. Code
82

Schedule B Arizona Tax Deduction Worksheet

B1				
B2	●	0	9	
B3				
B4	1	●	0	9
B5				

(a) Total within Arizona	(b) Total everywhere	(c) Ratio within Arizona (a) / (b)
X 2		

Information on Shareholders

Shareholders	Name and address	Social security number and/or federal ID number	Percent of ownership	Distributive share of income (loss)	Check here if shareholder is nonresident
A					
B					
C					
D					
E					
F					
G					
H					
TOTALS					

Certification

The following certification must be signed by the treasurer and president or vice president.

We, the undersigned officers _____ and treasurer of the organization for which this return is made, each certify under penalty of perjury, that this return, including the accompanying schedules and statements, has been examined by us and is to the best of our knowledge and belief, a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here

_____ Treasurer	_____ Date
_____ Other officer	_____ Title
	_____ Date

Paid Preparer's Use Only

_____ Preparer's signature	_____ Date
_____ Firm's name (or preparer's, if self-employed)	_____ Preparer's TIN
_____ Firm's address	_____ ZIP code